26 44

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of   Docket No: Q65346

Kim Hjortgaard NIELSEN, et al.

Appln. No.: 09/899,991   Group Art Unit: 2644

Confirmation No.: 5169   Examiner: Elizabeth A. MCCHESNEY

Filed: July 09, 2001

For: A HEARING AID WITH A SELF-TEST CAPABILITY

AMENDMENT UNDER 37 C.F.R. § 1.111

RECEIVED

AUG 2 7 2004

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 25, 2004, please amend the above-

identified application as follows:

1

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09899991

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
		OR		
		OR		
		OR		
		OR		
TOTAL		OR TOTAL		

CLAIMS AS AMENDED - PART II

8-23-04

AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	* 23	Minus	** 23	= 0
	Independent	* 4	Minus	*** 3	= 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
		OR	18	0
		OR	86	86
		OR	290	0
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE		86

AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
		OR		
		OR		
		OR		
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE		

AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
		OR		
		OR		
		OR		
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.